

APPLICATION FOR CHARTER BUS OPERATING AUTHORITY

PLEASE READ AND FOLLOW INSTRUCTIONS CAREFULLY

ATTACH \$25.00 DOLLAR FILING FEE MADE PAYABLE TO:

KENTUCKY STATE TREASURER

TO: Transportation Cabinet
Division of Motor Carriers
P.O. Box 2007
Frankfort, Kentucky 40622
Telephone (502) 564-4540

MC NO. _____
(If Applicable)

DOT NO. _____

NAME IN WHICH AUTHORITY IS SOUGHT: _____

If you intend to operate this business under any name other than the above (i.e., an assumed name - d/b/a), state the name and ATTACH a copy of your declaration to use an assumed name showing it has been properly recorded at the appropriate COUNTY CLERK'S or SECRETARY OF STATE'S OFFICE:

D/B/A: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: _____

MAILING ADDRESS (if different from above): _____

1. If ICC regulated, attach copy of your federal safety ratings.
2. Have you had any safety violations on equipment in the last six (6) months? ☐ Yes ☐ No If yes, explain:

3. Is applicant a sole proprietorship? ☐ Yes ☐ No

A. Partnership? If yes, give names and addresses of partners:

B. Corporation? If yes, give state of incorporation, principal address and agent name and address for Kentucky process if nonresident. ATTACH current copy of certificate of good standing from state of incorporation.

4. Has the applicant or any officer or principal of the applicant been convicted during the past year for violation of any state or federal motor carrier law or safety violations? ☐ Yes ☐ No If so, please explain:

5. I certify that I have the required insurance on file with the Division of Motor Carriers or will provide evidence of insurance before any operations are conducted.

6. By signing this application I certify that I have reviewed and am in compliance with the following federal and state regulatory requirements and shall maintain compliance with all of the following requirements upon and during each renewal period.

601 KAR 1.005, Section 4;
49 CFR Part 382, Controlled Substances and Alcohol Use and Testing;
49 CFR Part 383, Commercial Driver's License Standards; Requirements and Penalties;
49 CFR Part 391, Qualifications of Drivers;
49 CFR Part 392, Driving of Motor Vehicles;
49 CFR Part 395, Hours of Service of Drivers; and,
49 CFR Part 396, Inspection, Repair and Maintenance.

I, the undersigned official of the above applicant after being first duly sworn, state that the above information is true and correct to the best of my knowledge and belief.

Signature of Applicant Official_____

Official Title_____

THIS APPLICATION SHALL BE NOTARIZED

STATE OF_____

COUNTY OF_____

Subscribed and sworn to before me on this the _____ day of _____, 20 _____

Notary Public

My Commission Expires